



A

AF / 3731

**PATENT APPLICATION**

Attorney Docket: 2748CON (203-3036CON)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): John E. Carlson, et al.

Examiner: Michael H. Thaler

Serial No.: 09/994,980

Group: Art Unit 3731

Filed: November 27, 2001

Dated: January 21, 2005

For: SYSTEM AND METHOD  
FOR ESTABLISHING  
VASCULAR ACCESS

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT "B"**

Sir:

In response to the Final Office Action mailed October 25, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

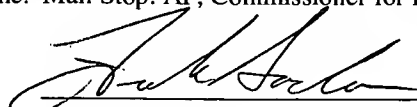
**Remarks/Arguments** begin on page 11 of this paper.

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**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop: AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 21, 2005

  
Francesco Sardone



**PATENT**

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P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL FORM**

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [ ] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE	ADDIT. RATE FEE
TOTAL	25	MINUS 50	=	X 9 \$	X 18 \$ 0
INDEP.	3	MINUS 5	=	X 43 \$	X 86 \$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X 140 \$	X 280 \$ 0
				TOTAL	OR TOTAL \$ 0
				ADDIT. FEE	\$ -0-

\* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".


\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

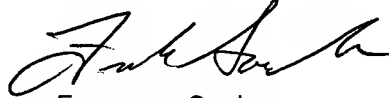
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on date below.

Dated: January 21, 2005

  
\_\_\_\_\_  
Francesco Sardone

- ☐ Please charge Deposit Account No. 21-0550 in the amount of \$0.00. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



Francesco Sardone  
Reg. No. 47,918  
Attorney for Applicant(s)

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FS/td